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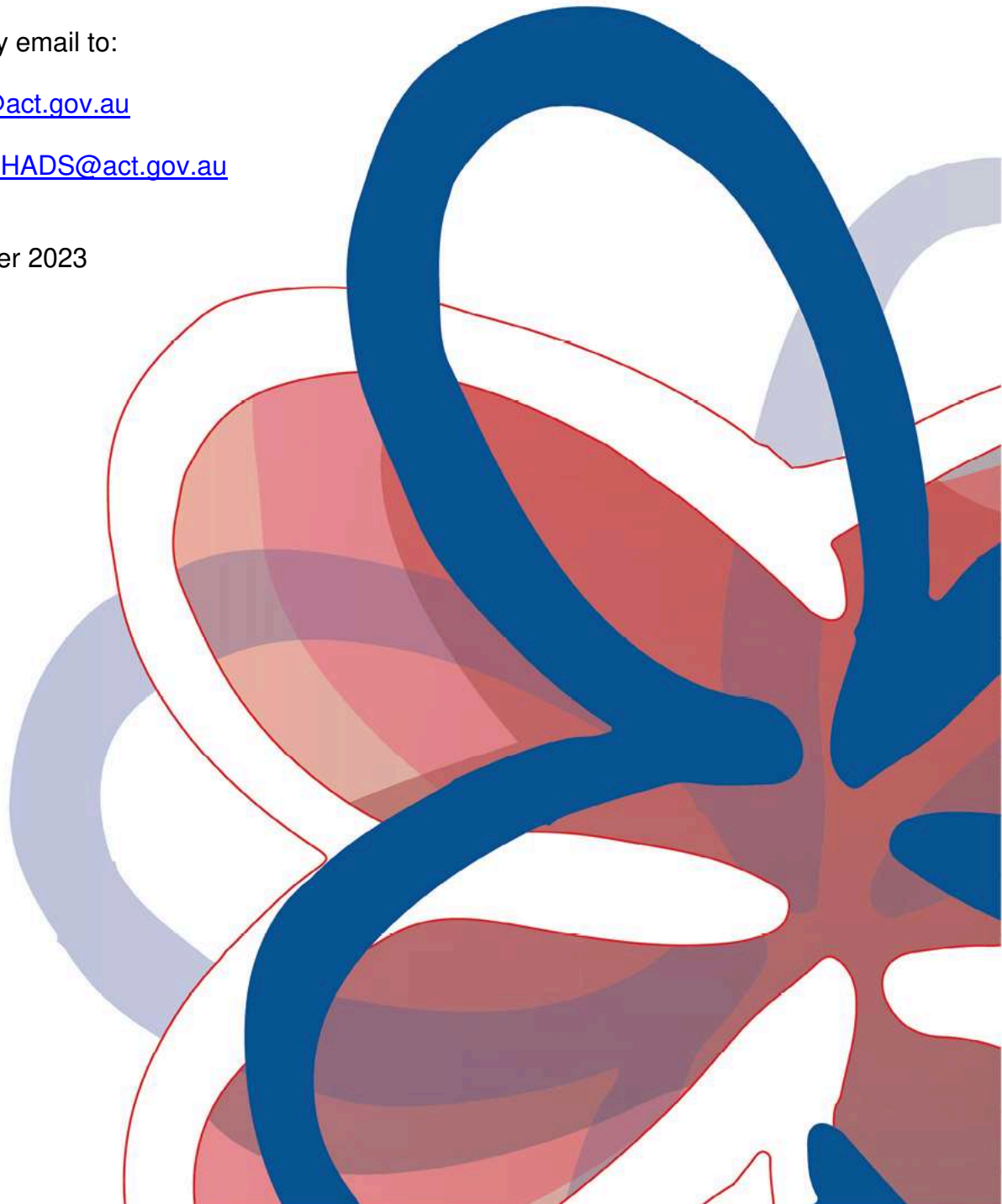
**Canberra Health Services Guideline – Suicide
Prevention and Intervention Framework at the
Alexander Maconochie Centre/ACT Court Cells –
Adult**

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Submission: Canberra Health Services Guideline – Suicide Prevention and Intervention Framework at the Alexander Maconochie Centre/ACT Court Cells – Adult

The ACT Mental Health Consumer Network (the Network) is a consumer-led peak organisation representing the interests of mental health consumers in the ACT in policy and decision-making forums. The Network is committed to social justice and the inclusion of people with experience of mental illness. Run by consumers for consumers, our aim is to advocate for services and supports for mental health consumers which better enable them to live fuller, healthier and more valued lives in the community.

A consumer discussion group was held with the residents of Gawanggal Mental Health Unit, and written and verbal feedback was received from several consumers in relation to this Guideline. This submission incorporates both the written and verbal feedback received.

Acknowledgement of Country

We wish to acknowledge the traditional owners and custodians of the land upon which we sit. We pay our respects to their Elders past, present and emerging, and extend this respect to other Indigenous Australians who may be reading this submission. We recognise the ongoing contributions of all Indigenous peoples to ACT society and Australia more broadly.

Acknowledgement of people with lived experience

We also acknowledge people with lived and living experience of mental illness as consumers and their important lived experience expertise and ongoing contributions to the mental health sector.

General comments

The Network welcomes this opportunity to contribute to the Guideline.

Psychiatrist vs Alexander Maconochie Centre (AMC) Officers

Consumers outlined that sometimes there were discrepancies between what the psychiatrist may recommend and what was carried out by the AMC officers.

Although a psychiatrist can recommend you be placed in 24 hour lockdown, AMC officers seem to have the final say and can send you to a mainstream cell.

There needs to be clear explanation in the Guideline regarding whose decisions take precedence and this need to be explained to the consumer.

Sedation

Consumers categorically stated that they did not think it was appropriate for anyone to be sedated and put into a cell alone or with other people.

I was fully sedated, and when I woke up I was in a cell. I was very confused and noticed that I had unfamiliar clothes on. I realised later that the people in the cell with me had swapped my clothes with theirs as I recognised my shoes on someone else.

Diagnosis and follow up

For consumers who are diagnosed for the first time on entering the judicial system, it can be a difficult and sometimes frustrating journey. Consumers advised us that they did not get any follow up from the psychiatrist who told them they had a mental illness, restricting the ability for to ask questions and build relationships with their treating team. Consumers recommend that if a person is diagnosed for the first time at this point in their journey, continued access to the diagnosing psychiatrist for further visits would assist in their recovery.

Mental Health Wellbeing and Hope

Consumers discussed of the lack of hope they experienced while in the AMC and the detrimental impact this had on their mental health. A majority of consumers do not want to be in the AMC. The development of specific document, referenced in this Guideline, about preparing for the future is recommended to reduce mental ill-health while still in AMC. This document should include details about services and assistance that are available upon leaving the AMC.

The way I was able to move on to employment through training and a better quality of life was having hope for a better future. Prevention of suicide must begin with supporting and instilling hope and providing supports to maintain it.

Recommendations

Recommendation 1: Include strategies or links to strategies regarding self-harm minimisation in the Alexander Maconochie Centre

In *Section 1 General Principles*, p. 2, the Guideline states that ‘Self-harm is a significant health problem within correctional settings and requires specific strategies to minimise its frequency and impact’. Consumers were concerned that despite this statement, the Guideline does not include any strategies, specific or otherwise, or links to strategies to put in place to minimise self-harm. Consumers recommend the inclusion of strategies in the Guideline to minimise self-harm either in the main body of the Guideline or as an Attachment. At a minimum, links to formal strategies to prevent and minimise self-harming is essential to include in this document.

Recommendation 2: Include when suicide and self-harm rating assessment is to be completed

Consumers questioned when the assessment to determine a suicide and self-harm rating (S rating) outlined in *Section 2 – Suicide and Self Harm Rating*, p. 2 was carried out and recommend this be clarified in the Guideline.

Recommendation 3: Include further explanation of point of induction

Consumers were unsure what the reference to ‘point of induction’, p. 3, fifth dot point under heading ‘Rating S3: “Potential risk of suicide and self harm”’, refers to and recommend further clarity e.g. a wording adjustment/explanation.

Recommendation 4: Inclusion of suicide in Rating S4

Consumers recommend inclusion of a reference to suicide in the Rating S4 heading, p. 4, to maintain consistency with the definition of S ratings which looks at suicide and self-harm. The change recommended is as follows: '*Rating S4: "Previous history of **suicide and/or** self-harm behaviour"*'.

For added clarity, consumers also recommended that the S rating be used throughout the Guideline when discussing persons who are at risk of suicide and/or self-harming behaviour, to provide staff with a consistent approach when considering risk. For example, p. 4, Section 3, dot point 1: *... young people who are identified as being at risk or at potential risk of suicide and/or self-harm (**S1 – S3**)...*'.

Recommendation 5: Specify what the Assertive Response Technicians are responsible for

Consumers were concerned that using the word '**generally**', Section 3, p. 4, when referring to who is responsible for clinical management of adults and young persons who are at risk of suicide and/or self-harm gives the impression that someone else is also responsible. We recommend that the term be removed or that the other roles that are involved in clinical management of identified persons are included.

Recommendation 6: Provision of after hours mental health supports

The Guideline indicates that custodial mental health respond to at-risk referrals between 8.30am and 6pm Monday to Friday and 8.30am to 4pm Saturday and Sunday and Public Holidays, p. 4.

Consumers made several comments regarding the lack of support available outside of these hours.

...my major anxiety periods are before I go to sleep and when I wake up. Policy points above reflect there does not appear to be a risk assessment occurring in the afternoons and evenings.

In addition, consumers advised that when they do want to seek mental health support, the queues are so long that many of them give up or the hours are up before they are seen.

Recommendation 7: Inclusion of the Custodial MH- Adult via the at-risk mobile phone number

To maintain consistency, and to ensure timely access to the Custodial Mental Health – Adult staff member, consumers recommend the inclusion of this mobile phone number in the Guideline, as it is included on p. 4 and in the flow charts at Attachment 2, p.15 and Attachment 3, p. 16.

Recommendation 8: Revision of Section 4, Referral Triage heading

Consumers were confused by the information included in *Section 4: Initial At Risk Referral and Assessment, Referral Triage*, p. 5, and recommend that the following be considered:

- there are two different triage scales referred to in this section, the Victorian Government Statewide mental health triage Scale and the Canberra Health Services Procedure: Mental Health Triage Scales. Consumers were concerned that it was not clear which should be used and recommend the removal of one.
- consumers questioned the inclusion of the reference “*Sands, N. Elsom, E, Colgate, R & Haylor, H. (2016) Development and inter-rater reliability of the UK Mental Health Triage Scale (In Pres)*” in this part of the document and recommend it be removed and included at the end, in line with all other references for this Guideline.
- consumers recommended including the process for the at-risk clinician for each Triage rating, stating for example that they thought the process for action would be different for a consumer with a Triage rating of A compared to a Triage rating of D.
- As the at-risk clinician consults the Digital Health Record (DHR), consumers questioned whether a consumer’s Advance Agreement and/or Advance Consent Direction could be referred to. For consumers with these instruments in place, there will be important information pertaining to de-escalation techniques that work best for the individual consumer. This works to prevent and reduce trauma and improve the relationship between the consumer and the treating team.

Recommendation 9: Inclusion of reference to MHJHADS suicide assessment documentation and Outcome Measures

Consumers recommend the inclusion of the MHJHADS Suicide Assessment Documentation and Outcome Measures, referred to in *Section 4, assessment*, p. 6, either as an appendix, as a hyperlink or an explanation as to where it can be found to increase ease of completion.

Recommendation 10: include what to do when release someone from custody on an S4 rating

Consumers noted that 'Section 9 Release from custody Whilst on a[n] S Rating' did not include what to do for a consumer on rating of S4, which indicates a previous history of suicide and/or self-harm behaviour. Consumers were concerned that, although this S rating indicates that a consumer is at risk, no details are provided with respect to required referrals for support upon release.

General Edits

General editorial comments/corrections are marked up on the attached Guideline.